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# Emerging Adults and Recovery Capital: Barriers and Facilitators to Recovery

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# EMERGING ADULTS AND RECOVERY CAPITAL: BARRIERS AND FACILITATORS TO RECOVERY

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THESIS

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A thesis submitted in partial fulfillment of the
requirements for the degree of Master of Science in the
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By

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ABSTRACT OF THESIS

# EMERGING ADULTS AND RECOVERY CAPITAL: BARRIERS AND FACILITATORS TO RECOVERY

Substance use disorders are chronic brain disorders and must therefore be treated on an ongoing basis. Accordingly, the concept of recovery capital has been developed to account for the internal and external resources that an individual can mobilize in order to recover from a substance use disorder. However, the concept has scarcely been applied to emerging adults. Although they are at twice the risk of developing a substance use disorder relative to their adult or adolescent counterparts, emerging adults in addiction and recovery are understudied. This phenomenological study aims to explore and describe the experience of emerging adults in recovery and to identify the barriers and facilitators to their recovery. The informants (n=8) were 18-25 year olds in recovery from substance use disorders. Data was collected using semi-structured interviews and subsequently analyzed for emerging themes. The results from this study suggest that the developmental tasks facing emerging adults are exacerbated in addiction and recovery.

KEYWORDS: Emerging-Adults, Addiction, Recovery, Substance Use Disorder, Phenomenology

Alex Elswick

April 24, 2017

# EMERGING ADULTS AND RECOVERY CAPITAL: BARRIERS AND FACILITATORS TO RECOVERY

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DEDICATION

This paper is dedicated to the brave souls who wake up every day to face their demons.

We do recover.

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Lastly, I owe an incomprehensible debt of gratitude to my family. Without your grace, I would not be here. I would not be well. I would not have peace of mind. I love you all. *Zerrissenheit.*

TABLE OF CONTENTS

Emerging Adults and Recovery Capital: Barriers and Facilitators to Recovery

In 2015, 20.8 million Americans met the diagnostic criteria for a substance use disorder (SUD; Center for Behavioral Health Statistics and Quality, 2016). The latest statistics on mortality from SUDs indicate that 47,055 people died as the result of drug overdose in 2014 (Rudd et al., 2016). The opioid epidemic, including prescription opioids and heroin, has scourged the United States causing 28,647 of those deaths. (Rudd et al., 2016). In addition, SUDs and substance misuse cost the United States more than $400 billion dollars annually in terms of crime, healthcare, and lost productivity (National Drug Intelligence Center, 2011). The implications of these numbers are clear: The United States has a drug problem. Fortunately, recovery from SUDs is possible. A national survey found that roughly 25 million Americans are in remission or recovery from an SUD (White, 2012). This same survey found that approximately 50% of Americans who once met the diagnostic criteria for an SUD achieved sustained remission, defined as one year of continuous abstinence (White, 2012). The rate of remission for young people in recovery is less promising. Approximately 35% of adolescents who meet diagnostic criteria for a SUD will achieve sustained remission (White, 2012).

Addiction (synonymous here with SUDs) is defined as "a primary, chronic disease of brain reward, motivation, memory and related circuitry…Like other chronic diseases, addiction often involves cycles of relapse and remission" (American Society of Addiction Medicine, 2010, p.1). Moreover, because addiction is a complex, chronic disease, the potential for relapse pervades all phases of a person's recovery. Research indicates that the potential for relapse decreases with time in recovery. One study found

relapse rates of 64% at less than a year of sobriety, 34% between 1-3 years of sobriety, and 14% after three years of sobriety (Dennis, Foss, & Scott, 2007). This study seems to suggest an axiomatic truth: Abstinence begets further abstinence. It follows, then, that treatment for SUDs should focus on an integrative continuum of care to match the complexity and chronicity of addiction and to promote longer periods of sobriety.

## Literature Review

### Recovery Capital

Recovery capital refers to the resources which individuals can mobilize in order to recover from SUDs (Granfield & Cloud, 2001). Put another way, it is the quantity and quality of internal and external resources—personal recovery capital, family/social recovery capital, and community recovery capital—that individuals have at their disposal. Recovery capital is a holistic, biopsychosocial approach to recovery and a helpful construct for conceptualizing the complex interactions between each of its components.

Personal recovery capital encompasses two subcategories, physical recovery capital and human recovery capital (White & Cloud, 2008). Physical recovery capital includes physical health, health insurance, housing, food, clothing, and finances, and evidence indicates that access to these physical necessities is critical to a person's recovery from SUDs. For example, a study of female drug offenders found that those who were able to find stable housing were more likely to remain abstinent (Van Olphen et al., 2009). Similarly, supplemental services that help recovering persons locate stable housing and other resources produce better outcomes (McLellan et al., 1998).

Human recovery capital includes values, intellect, education, vocational skills, interpersonal skills, and various mental health constructs such as self-esteem, problem-

solving skills, optimism, and spirituality. The positive correlation between human recovery capital and SUD outcomes is also well documented. For example, stigma has a detrimental effect on the ability of those in early recovery to find employment (Bauld et al., 2013). Additionally, McLellan et al. also found that supplemental social services produced better outcomes when services included assistance with finding stable employment. The mental health components of human recovery capital have been equally well researched. Comorbidity between SUDs and other mental disorders has also been empirically established. For instance, a systematic review of 115 articles and 22 epidemiological surveys found a correlation between SUDs and numerous mood and anxiety disorders (Lai, Cleary, Sitharthan, & Hunt, 2015). These exemplars are consistent with a much larger body of research that substantiates the relationship between personal recovery capital and SUD outcomes.

Family/social recovery capital refers to romantic relationships, family relationships, platonic relationships, and various other social relationships that are supportive of sobriety. This may encompass family participation in treatment, having other recovering persons in one's social network, and participation in sober leisure activities. The idea that drives the concept of social capital is that by virtue of participation in a community, individuals have reciprocal obligations and confer benefits that they can leverage when needed (Granfield and Cloud, 2001). Family involvement has been identified as a potential factor in early recovery from SUDs. Nattala et al. (2010) studied the impact of family involvement on treatment outcomes for alcohol-dependent individuals. In their study, participants who had a family member join them during relapse prevention classes and therapy demonstrated better outcomes in nearly

every domain, including quantity of alcohol consumed, number of days drinking, and number of days with family problems.

Additional research found that home setting factors contributed to the difference between those participants who remained sober and those who relapsed (Walton, Reischl, & Ramanathan, 1995). Moreover, Havassy, Hall, and Wasserman, (1991) found that partner support was correlated with better outcomes for people with alcohol or opiate use disorders. Recent research has also implicated robust social networks as potentially preventative factors for SUDs by examining the relationship between social connection and alcohol related conditions. The authors of this study, using the National Epidemiologic Survey on Alcohol Related Conditions (NESARC), surveyed social network ties to friends, family, co-workers, and the community at large and compared them among people who had no alcohol use disorder, people who showed indications of alcohol abuse, and people who had alcohol use disorders. Participants with alcohol use disorders were found to have smaller social networks than those participants who either abused alcohol or had no alcohol related condition at all (Mowbray, Quinn, & Cranford, 2014).

The nature of social relationships, such as having interpersonal relationships with substance abusers or living an addictive lifestyle, has also been implicated as potential barriers to recovery (Tucker, Vuchinich, & Gladsjo, 1991). These findings stress the importance of integration into new and sober social networks. Other studies have focused on engaging in substance-free leisure activities and terminating relationships with people who are actively using substances (Gorski, 1986). Both Tucker et al. (1991) and Gorski (1986) contend that interpersonal relationships with active users are perilous

to recovery and should thus be avoided. The impact of social capital on recovery from SUDs is no longer an empirical question that needs to be answered. This research clearly indicates that social capital is a predictor of positive SUD outcomes.

Community recovery capital constitutes community resources that have been made available to people in recovery. Because community recovery capital depends on the community in which an individual is attempting to recover, the resources made available are vast and varied. Community recovery capital could include: efforts to combat SUD related stigma, the availability of treatment centers and halfway houses, and local recovery support institutions (e.g., religious institutions, 12 step clubhouses, Collegiate Recovery Communities, etc.). For example, Collegiate Recovery Communities (also called Collegiate Recovery Programs) are being developed on campuses across the United States to address the growing problem of SUDs among adolescents and emerging adults. Among others, one of the greatest advantages that Collegiate Recovery Communities offer participants is a non-threatening, recovery-friendly atmosphere that is free from stigma and shame (Harris, Baker, Kimball, & Shumway, 2008). These communities act as a buffer for college students who, in early recovery, return from treatment to college environments that are replete with drug and alcohol consumption. Early evidence suggests that Collegiate Recovery Communities are effective programs. For instance, one study found an average relapse rate of about 8% for program participants (Harris et al., 2008). This is a promising statistic relative to traditional rates of relapse, which are potentially as high as 64% in the first year of sobriety alone (Dennis, Foss, & Scott, 2007). Collegiate Recovery Communities, and

similar forms of Community Recovery Capital, provide recovery friendly environments which coordinate much needed elements of community support.

The concept of an eclectic, biopsychosocial recovery model like recovery capital is sensible given the complexity and chronicity of addiction. In particular, recovery capital is especially needed among emerging adults.

**Emerging Adulthood**

In 2000, Arnett introduced the phase emerging adulthood (18–25 years of age) to the life course. Arnett argued that, regardless of gender, race, or socioeconomic status, emerging adults face distinctive developmental challenges that are marked by an impoverished sense of identity and a sense of instability (Arnett, 2000). The instability that emerging adults face is due, at least in part, to a diverse range of demographic characteristics. In particular, emerging adults experience the highest rate of residential instability. Using data from the National Longitudinal Study, Rindfuss (1991) demonstrated that rates of residential mobility reach their apex in the mid-twenties. About one-third of emerging adults leave for college after high school and spend the next few years in between independence and continued reliance on adults (Goldscheider & Goldscheider, 1994). This instability marks a period of semi-autonomy as individuals assume some of the obligations of adulthood, but leave others to parents or other adults (Goldscheider & Davanzo, 1986).

Emerging adults are also exploring their identities and seeking out different experiences. As a part of this period of exploration, emerging adults can pursue novel experiences because they have less parental monitoring than in adolescence, but have not settled into roles as have their adult counterparts. Therefore, the prevalence of many

types of risk behaviors, including binge drinking and substance use, is at its highest during this phase (Arnett, 1992). Recent research suggests that emerging adults are disproportionately at risk for the development of SUDs. In fact, emerging adults are twice as likely as adolescents or adults to develop a SUD (Bergman, Kelly, Nargiso, & McKowen, 2015). In addition, emerging adults represent more than 20% of those seeking treatment for SUDs (Bergman et al., 2015). Heroin use and heroin overdose more than doubled for those in this lifecycle phase during the last decade (Centers for Disease Control and Prevention, 2015). Despite the fact that emerging adults are clearly an at-risk population for the development of SUDs, they remain understudied (Mason & Luckey, 2003). Emerging adults have not received the same academic consideration as their adult and adolescent counterparts. Of the scarce research that has been performed examining the recovery of emerging adults from SUDs, the preponderance of phenomenological studies take an identity-based theoretical approach (Arnett, 2005; Rodriguez & Smith, 2014; Shinebourne & Smith, 2009). Given Arnett's position that emerging adulthood is largely defined by an impoverished sense of identity, it seems logical that the authors of these studies would take aim at identity formation as a basis for studying recovery. However, in focusing on the evolution of identity, the research has not been able to account for the particular barriers and facilitators to recovery in emerging adulthood.

Mawson, Best, Beckwith, Dingle, and Lubman (2015) performed a pilot study on the relationship among social identity, social networks, and recovery capital in emerging adulthood. The authors found that "Comparisons of recovery capital showed that emerging adults in early treatment showed significantly lower personal, social and total

recovery capital compared to older adults in recovery for up to five years" (Mawson et al., 2015, p. 8). These findings could have dire implications for emerging adults with SUDs. They suggest that emerging adults do not have the same measure of recovery resources at their disposal. Potentially then, adults and emerging adults face different barriers and facilitators to recovery from SUDs. With the exception of this single study, there is a dearth of empirical research regarding recovery capital and emerging adults.

## Present Study

The study I propose builds upon the limited existing research by answering this essential research question: What are the barriers and facilitators to recovery for emerging adults. And secondly, what is unique about recovery during this phase that is somehow different from recovery for adults or adolescents?

I elected to take a phenomenological approach to this study for a number of important reasons. First, qualitative research is well suited for the investigation of complex groups or phenomena with sensitive topics, and when the group or phenomena of interest is difficult to access, all of which is true of emerging adults in recovery (Goldberg & Allen, 2015). Second, because the recovery of emerging adults is a relatively understudied topic, more needs to be known about the shared experience. Thus, the purpose of this study is to describe the barriers and facilitators to long-term recovery (12 months) as they are *experienced* by emerging adults.

The intended audience for this study is both academics and clinicians. My hope is that a thick, rich description of the recovery experience among emerging adults will inform researchers and clinicians about the barriers and facilitators of successful, long-term recovery. Additionally, I aim to write the manuscript with an emphasis on accessibility

by non-academics so that anyone who has an interest in SUD recovery—especially family members of those with SUDs—can edify their understanding of the complexities of addiction and recovery.

## Researcher as Instrument

Bracketing is particularly important for this research because I have personal experience with addiction and recovery. I am a white, heterosexual male with middle- to upper-middle socioeconomic status. I am also in long term recovery from heroin addiction. My social location and experiences have a few implications that should be unpacked because they may bias my perspective on addiction and addiction recovery. As a person in recovery, I have experienced the horror and destruction of addiction firsthand, and I am sensitive to the tragedy that addiction can be when beset upon a family.

My addiction began with a genetic predisposition and a prescription from my doctor. After having elective oral surgery to have my wisdom teeth removed, an oral surgeon prescribed me Oxycodone. I became addicted to the pain medication gradually, almost imperceptibly, over the next few years. Some four years later, I was snorting 120 mg of Oxycodone everyday just to feel some semblance of normality. My addiction took everything from me: My family, my girlfriend, my job, my education, my car, my dignity, and my self-respect. I spent my last days in addiction pan handling for money, sleeping under a Highway 35 overpass in downtown Dayton, OH, and shooting heroin. I was 30 pounds underweight and what clothes I had left were stuffed into a black plastic garbage bag. I called home to ask my parents for help, and after much deliberation and prayerful consideration (and after having endured five years of my addiction), they decided not to rescue me from the streets. This was my experience of rock bottom.

I was fortunate to obtain a bed at the Salvation Army Adult Rehabilitation Center (ARC) in Dayton, Ohio. The ARC is a free program, essentially a homeless shelter with a recovery component. I spent six of the most difficult months of my life at the ARC learning how to live in recovery. Over the course of my four years in long term recovery, I have benefited from a considerable amount of recovery capital. Without the resources afforded to me, I am convinced that I would not be alive today. My recovery capital allowed me to step down from long term treatment to an intensive outpatient program, to family counseling, and to individual counseling. I had help obtaining employment, I had family co-sign on a car and an apartment, neither of which could I afford in early recovery. I found a new, sober social network of friends who were living life in recovery. I had a graduate program give me the opportunity of a lifetime. A great many people took chances on me because they recognized my humanity and not my disease.

My own experiences with intravenous drug use and homelessness could cloud or otherwise color my interpretation of others' experiences with addiction and addiction recovery. My path to recovery is, I'm well aware, one among many possibilities. However, I may be more likely to interpret experiences in ways that are consistent with my own. In particular, my family proved to be an invaluable resource in my own path to recovery. It is conceivable that I may be primed to exaggerate the impact that others' families have had on their recovery. Such a bias would lead to a misinterpretation of that informant's experience. Second, given my race, sexual orientation, and socioeconomic status, I benefited from a great deal of recovery capital. For instance, my SES and monetary resources were vital in allowing me to participate in many and varied treatments until I found one that worked for me. Those with less financial resources, less

family support, or less geographical access to inpatient treatment may have drastically different experiences. These realities of my own narrative may hinder my ability to see alternative paths to recovery. My attraction to the concept of recovery capital is predicated largely on how well it fits with my own experience. Therefore, it should be made explicit that I may have preconceived notions of what barriers and facilitators could constitute recovery capital.

Although my personal experience with addiction and recovery will inevitably impact my interpretation of the data, I have related it explicitly above in order to promote some measure of transparency. Following Creswell's (2013) suggestions, I have set aside my experiences so that I can take a fresh perspective on the data collected.

In spite of my experience, or rather because of it, I am still uniquely positioned to perform this kind of research. My experiences may also prove to be an asset as I am situated to perceive the nuances of a qualitative study about recovery. My immersion in the recovery community for more than three years has provided me with unique access to not only potential informants, but also to the esoteric language that pervades the recovery community. As a result, I may be in the enviable position of being able to better understand, and better interpret, my informants' characterizations of their experiences.

## Method

### Recruitment

Inclusion criteria for this study dictated that informants (a) be 18-25 years old, (b) be a person with a substance use disorder, (c) be at least one year in recovery, (d) not have a primary alcohol use disorder, (e) not be Medication Assisted Treatment, and (f) not be pregnant. However, people in recovery can be difficult to access because they are

considered a hidden population due to the stigma associated with SUDs (Heckathorn, 1997). Conventional systematic sampling procedures are often unfit to produce a valid, timely sample of hidden populations (Heckathorn, 1997). Therefore, I used a chain-referral sampling procedure to attain the necessary number of eligible informants to achieve data saturation. After obtaining approval from the appropriate review boards, I identified an initial informant via local twelve step meetings in the Lexington area to perform a pilot interview. Next, I used a snowball sampling procedure by which the initial informant was encouraged to identify additional eligible informants. The initial informant provided eligible informants with my phone number, as opposed to me contacting these eligible informants, so that their anonymity could be protected if they were not comfortable with participating. This procedure continued and interviews were performed until data saturation had been attained, which eventuated in eight interviews.

**Sample**

The average age of the eight informants in this study was 23 years old. They were all white, non-hispanic, and predominantly from middle to upper-middle class families. A brief profile of each informant is provided below. Pseudonyms have been inserted throughout this manuscript to protect the anonymity of informants.

Jess is a 24-year-old white female with some college education. She works a server and bartender at a local restaurant. She indicated that her parents make $25,001-$50,000 and that she makes less than $25,000 per year. Jess has been in recovery for over a year.

James is a 20-year-old white male with a high school diploma. He works as a server at a local restaurant. He indicated that his parents make $10,001-$25,000 per year

and that he makes less than $10,000 per year. James has been in recovery for almost two years.

TJ is a 25-year-old white male with some college education. He works as a "tech" at an inpatient recovery center. He indicated that his parents make over $50,000 per year and that he makes $25,000-$50,000 per year. TJ has been in recovery for almost five years.

Selena is a 24-year-old white female with a high school diploma. She works as a custodian at a church. She indicated that her parents make over $50,000 per year and that she makes less than $10,000 per year. Selena has been in recovery for three years.

Parker is a 21-year-old white male with some college education. He is currently a full-time student. He indicated that his parents make over $50,000 per year. Parker has been in recovery for two years.

Kelly is a 24-year-old white female with some college education. She works as a server and in a hospital setting. She indicated that her parents make over $50,000 and that she makes $25,001-$50,000 per year. Kelly has been in recovery for five years.

Henry is a 24-year-old white male with a college degree. He works in sales. Henry indicated that his parents make $25,001-$50,000 and he makes $25,001-$50,000 per year. Henry has been in recovery for seven years.

Ally is a 23-year-old white female with a college degree. She works for a social media marketing company. She indicated that her parents make over $50,000 per year and that she makes $25,001-$50,000 per year. Ally has been in recovery for nearly three years.

## Procedure

**Data Collection**

A pilot interview was performed with a key informant who agreed to participate. After the pilot interview, the informant contacted two individuals who she believed met the criteria for inclusion in this study. She provided those individuals with information to contact the principle investigator about participating in this study. Informants who agreed to participate were then asked to identify an additional informant who they believed would meet inclusionary criteria. From that point, two to three contacts were made with each informant. First, when informants called or texted, they were invited to participate in the study. Informants who agreed to participate were offered the choice of interviewing either in their own homes or in a public place of their choosing so that they might feel more comfortable sharing the intimate details of their experience. Second, after informed consent was obtained, I conducted face-to-face interviews with informants using a semi-structured interview technique that operated from seven predetermined questions, but that was flexible enough to add additional questions as the need arose (Creswell, 2013). The interview questions focused on the experience of recovery from SUDs and the barriers and facilitators therein (see Appendix A). Items on the interview schedule are typified by non-leading prompts such as, "Tell me about how you got into recovery." During the interviews, I made notes pertaining to significant statements that arose about the phenomenon as well as about questions that emerged during the process of the interview. At the end of the interview, informants were asked to fill out a basic demographic questionnaire to record age, gender, and race, among other demographic information. The interviews lasted approximately 45 minutes to an hour. Each informant received $25 for participating in this study. Interviews were recorded and subsequently

transcribed. I conducted and transcribed the interviews myself. The interviews were kept on a password-protected laptop computer that was stored in a locked office when not in use. Once all of the interviews were conducted and all of the data transcribed, I contacted two participants, chosen at random, who agreed to member checking of the transcripts.

**Data Analysis**

I used Creswell's (2013) modification of Moustakas' (1994) approach to data analysis. Thus, I bracketed my own experience with recovery and addiction to recognize, acknowledge, and set aside my experiences and focus instead on the experiences of study informants (Creswell, 2013).

Next, I parsed through the interviews to further identify key statements. Then I began listing significant statements in a process known as horizontalization of the data. This process ensures that all significant statements that can be included have been. Once all key statements had been identified and listed, I grouped them into larger units called units of information, or themes (Creswell, 2013). These themes aimed at making textural descriptions (what participants experienced) as well as structural descriptions (how participants experienced the phenomenon; Moustakas, 1994). For the purposes of this study, the textural description is the shared experience of recovering from a SUD while in emerging adulthood. The structural descriptions are the recovery capital mobilized by informants—the personal, social, and community factors that were either facilitators or barriers to their recovery. Ultimately, the textural and structural descriptions were combined in an effort to convey the quintessential essence of the shared experience of recovery.

## Validation Strategies

I employed a number of validation strategies to substantiate the efficacy of my findings. First, I bracketed my experiences to set them aside from the experiences of the informants. In this way, I made explicit the experiences that I bring to this study. Furthermore, I suggested a number of ways that these experiences may have impacted data collection or data analysis. In so doing, I made a good faith effort to promote a fresh, unadulterated encounter with the data. Second, I implemented member checking in which two informants were given the opportunity to read an early draft of my findings and to decide whether the findings accurately captured their own lived experiences. This strategy ensured that informants found my transcriptions and interpretations to be faithful to their experiences. Third, I employed a peer debriefing strategy in which my thesis committee was invited to provide external checks during the writing of the manuscript. I interfaced on an ongoing basis with my committee chair as well as a committee member for guidance throughout data collection and data analysis. Both the committee chair and committee member in question are experienced qualitative researchers as well as professors at the University. Finally, I used thick, rich descriptions in order to more closely capture the essence of my informants' experiences. I implemented direct quotations wherever possible to allow informants to speak for themselves. This reduced the potential for misinterpreting informants' experiences. The evaluation strategies for this study were guided by Creswell's (2013) suggestions that phenomenological research have depth, clarity, and reflexivity, and also that it captures the essence of the clearly defined phenomenon of study.

# Results

The experiences of emerging adults in long term recovery from this study can be organized into eight significant themes, beginning with the essential experience of recovery: a) the experience of contentment, b) the meaning of recovery, c) family cut-offs and ultimatums, d) family support, e) challenges of "adult-ing", f) visible role models in recovery, g) social support, and h) spirituality. While the first theme "the meaning of recovery" is inserted primarily to clarify what recovery is, the six subsequent themes constitute barriers and facilitators to recovery for emerging adults.

**Contentment**

Experiences such as peace, presence, or fulfillment were not only limited to discussions of spiritualty. They pervaded informants' responses to the extent that they emerged as the essential experience of recovery.

TJ summed up the essence of his recovery as "a working part of my life as far as, like, a set of principles to live by and attempts to stay in a position where I'm ok and content." He contrasted the contentment he has sought to maintain in recovery with the dis-ease of addiction. In recovery, TJ said, "You're not in that mindset of, like, how do I feel better constantly." Speaking of his recovery program, Henry reported a similar experience.

> Henry: It kind of reminds me of the things I should be doing and gives me some kind of serenity and happiness and, I don't know, a reminder.

Similar to TJ, Henry suggested that the product of his recovery program is essentially contentment. Another informant shared a comparable experience with recovery.

> Ally: My life got immensely better. I'm able to sit quietly by myself. Being able to be around people who suffer from a common issue. And being able to tolerate myself… Through working a 12-step program and through working the 12 steps I

was able to be okay with myself… And in addition to the spirituality part, I'm always growing in that part, but it helps me to be content on a daily basis.

Many informants shared this experience of contentment in recovery. By contrast, some reported the consequences of losing this sense of serenity.

Henry: Yeah and I've noticed like even if I am working a program, like I'll go to outside things to make myself feel better now that I'm not on drugs and alcohol. Like I've caught myself doing these things like mid doing it. Like if I'm having a bad day when I get off work or whatever, I can catch myself going to a gas station going to buy like scratch off lottery tickets because I just like the way that makes me feel… Like if I'm having a rough week I find myself pursing women more. Whether I end up getting with them or not, I can still tell just what I'm doing. Same thing with even food. If I'm having a rough day I'll end up eating more than I should, or gambling more. And then it's almost the same effect as drugs and alcohol. After you're done you either regret it or you're angry.

Henry reports that he looks to things outside himself to change the way he feels when he has lost his sense of contentment. Parker shared a similar experience with, as he put it earlier, "trying to fill that void."

Parker: For me compulsive spending is a little bit of a problem. And that's not just from a recovery standpoint. I think it does have to do with seeking gratification compulsively but I think that a lot of kids struggle with that, I've always been very privileged.

He continued on to suggest that he was substituting vices in order to achieve serenity.

Parker: You know how do you deal with current vices and how do the things like replace the drugs. Like substitution. Those have played a big role in my recovery too. Just trying to manage the substitutions because they were extremes. You know unhealthy extremes. First it was chugging absurd amounts of energy drinks, then it was smoking hella cigarettes and I didn't even smoke when I got to treatment. Now I've got this fuckin vape. Overeating played a big role, I've gained like 70 pounds in recovery and it was not a healthy 70 pounds. And I'm working on that but I notice more and more in my day like oh I replace sometimes. Like yeah I've achieved serenity and stability but I've build it with some unstable things. So, that played a big role for me.

Informants also reported that recovery brought on the experience of peace or presence in some subtle ways. For instance, one informant suggested that the nature of his preference for social interactions changed in recovery.

TJ: I'm not really into the giant groups anymore. It's just, I don't normally see anyone else but my home group when I see all those people. But I'm way into

like intimate, where I'm actually having conversations and seeing where people are at as opposed to big like "what's up, see ya later, bye" kind of thing.

This preference for more intimate social interactions was also reflected in TJ's newfound preference for music.

> TJ: You know so I like smaller venues, not as like crazy stuff. Like I listen to rock and I like a rock concert with like really good sound things going on, you know it's more of a mellow venue where I can actually like listen to the music… It's not like, you know before it was always just madness, you know what I mean?

James and Kelly described a similar change in their preferences for social settings.

> James: I don't do anything crazy. I play video games, I go out to eat, I go to meetings. Sometimes I go over to the Hilton House and just hang out. I can find more enjoyment in the small things in life today.
>
> Kelly: I think now I'm just kind of, like, okay with chilling at home.

When asked what she does for sober leisure activities, Ally reported that many people assume people in recovery just sit at home and stare at a wall. When asked what she does instead of sitting at home and staring at the wall, Ally summarized the simplicity, contentment, and self-directed life that she found in recovery: "If I'm sitting home alone [staring at a wall] then it's because I am choosing to do that."

**The Meaning of Recovery**

In order to describe what it is like to be an emerging adult in long term recovery, one must first understand what is meant by recovery. We chose to honor informants' interpretations of recovery by asking them to define the term for themselves. The vast majority of informants defined recovery as something that transcended simply no longer using drugs or alcohol. Although some informants did acknowledge that recovery involved discontinuing drug use, they also intimated that recovery is inherently something more.

> Selena: To me it means I'm completely sober. I don't put anything mood or mind altering into my body and it's more than just not using or drinking it's changing

the person I am and continually striving to become a better person and to have a better outlook on life.

Informants suggested that recovery connotes a holistic change in a person's behavior and way of thinking. In so doing, they attributed a depth and weight to the process of recovery.

> Kelly: Because I think recovery is a lot more than just not drinking or doing drugs. I think it's about the way you treat people, what you're doing with your life, your ambition, your goals. How things have changed from before, like before what your life was like and what your life is like now. I just think it's a lot more than not drinking or using.

Yet another informant described the way his understanding of recovery evolved throughout his sobriety.

> James: At first I just thought it was like getting sober and like that was it. I thought recovery was just recovering from not being fucked up all the time. But after this year like I've realized that it's a lot more than that. Like it's recovery from drugs and alcohol but it's also recovery from that way of thinking. Recovering to full sanity.

These responses typified informants' understanding of recovery as a process of change. For one informant, this process of change involved the adoption of a new set of principles.

> TJ: For the most part it's just become a working part of my life as far as like a set of principles to live by and attempts to stay in a position where I'm ok and content…you know trying to be honest, trying to be helpful, patient, tolerant, loving, you know, that type of stuff in the simplest way.

While the majority of informants seemed to agree that the process of recovery transcends mere sobriety, they also clearly subscribed to the belief that there are many paths to recovery.

> TJ: I don't know I think like people have different standards of what sobriety or of what recovery is and I'm a firm believer that the best way to do it is the way that you did it, you know what I mean? Like if you're not drinking and drugging and you're not ruining the lives of the people around you then that's a win. I don't think there's any monopoly on any one way to do it.

Another informant agreed that no singular paradigm exists for recovery. Rather, people achieve long term recovery in a variety of ways.

> Henry: I also feel like not everybody needs to be, not everybody needs AA that is in AA. I've seen people get sober other ways.
> A third informant similarly suggested that recovery doesn't look any certain way.
> Ally: I would just say that from my experience with recovery, I know other people have different experiences, but it's just really whatever works for you.

Ultimately, recovery was described as a much more profound experience than the traditional understanding of sobriety. And, in addition to depth, informants attributed breadth to recovery as well. The majority agreed that there is no single avenue to recovery.

**Family Cut-offs and Ultimatums.**

Perhaps the most prominent finding to emerge from the data relates to family cut-offs. The vast majority of informants (7/8) referenced a family cut-off as a significant experience that initiated their recovery. One informant suggested that an ultimatum from his family led him to a moment of clarity.

> TJ: And after some time had gone by I had some ideas about not really being 100% in to what it is that I was doing and I wanted to move back to the Northern Virginia, Washington DC area where I'm from and my mom and my dad were like, basically like, we're done, like this is your option and you do this or we're done with you, kind of thing. It was kind of like that door was shut. And that kind of like made clear or it had an epiphany thing, like I'm like 21 years old at this time. I don't have a car. I don't have a license. I don't have a girlfriend. I don't have anything. I have no, I came into treatment with two trash bags type of thing. Like, its either this or I'm gonna be homeless, you know what I mean? And I almost had to be forced into it in a way where it was like you know this is the reality of the situation. Like, it became real at that point knowing that I didn't have parents or you know really anyone to that extent that were gonna like put up with me, like its grow or blow type of thing.

TJ reported that being cut-off from his family forced him to a turning point. He could either make the decision to engage in a recovery program or be homeless. The ultimatum thrust him into the reality of his situation, making clear that his life had become unmanageable. He continued later in the interview:

> TJ: And after that point that I talked to you about where my parents were like "This is your only option, we're not helping," I was like you know I'm here. Do with me as you wish. And I stayed and all that just like clicked.

Something "clicked" for TJ when his parents refused to continue supporting him while he was in active addiction. Another informant described an almost identical circumstance in which she was forced to choose between treatment engagement and homelessness.

> Ally: There was essentially an intervention. I mean I had an option. The option was to stay in Lexington, no school, no car, no money, no family, or to go to treatment. So I chose to go to treatment.

For others, the cut-off had to come from both family and friends. One informant shared that, after a brief stint in treatment, he tried to leave the program and return to his hometown. After a friend offered to buy him a plane ticket home, it took his friend rescinding the offer and his father refusing to rescue him for Henry to remain in treatment.

> Henry: I spent 30 days out here, and when the 30 days were up I had no money, I was homeless, you know I had nothing. And so I started making some calls to get out of here and of course my dad's not gonna help because he wants me to stay. I called you know using buddies, I called anybody I could think of and nobody would help (laughs)…But I accepted it and then like two days into it I kind of was like I don't wanna do this stuff so I called that guy back and he was like look man I'm not gonna buy the ticket for you. I did some thinking and you need to finish the rehab. Because he was sober.

Although Henry's friend had initially offered to buy him a plane ticket home, he thought better of it. It is interesting that Henry should note that his friend refused to enable him to leave treatment at least in part because his friend was sober.

Trying to leave treatment was not an experience unique to Henry. Another informant described that, when she walked out of treatment, her father gave her a similar ultimatum to either return to treatment or be on her own.

> Kelly: Yeah, I like, ran away. It was January and it was snowing and it was six in the morning and I ended up just being like "Fuck this I can't do this." And I ended up leaving and walking, and the ranch is just like way out in the country, and I ended up like walking for miles in the snow like in sweatpants and house

> slippers. I even like fell down a ditch (laughs) you know what I mean? And I was like "Someone is gonna see me." And I ended up, I got to this gas station and ran into this guy and was like "Will you take me to the Wal-mart in Stanford?" And he was like "Yeah." And I'm trying to call my ex-boyfriend and he's not answering the phone and now I know that was like, thank God he never answered the phone. And I got to Wal-Mart and I'm missing for two hours at this point and I call my dad. And my dad is like the only way I'm coming to pick you up is if I take you back to treatment. And I think right then was when I dropped everything. You know what I mean? It was right then when I was like okay, I'm done. I'm done fighting. I can't do this anymore. I can't live my life like this. And ever since then…

Kelly suggested that her father's ultimatum did more than force her back to treatment. She also reports that it broke her resistance to recovery. In that moment, Kelly dropped her opposition to the recovery program and has remained in long term recovery ever since. Another informant described an ultimatum, albeit somewhat differently.

> Selena: I was homeless and I didn't have anywhere else to go and so I knew that if I continued being homeless on my own, because the person I was dating and using with was going to jail, that if I tried to do it on my own that I would end up doing things in order to support my habit that I was not willing to do. That I would have been ashamed of. And in order to not have to do those things, I knew I needed a place to go and the only place I could think of was home and the only way to go home was to get into treatment. And so I called my mom and asked her to, begged her to, allow me to come home if I agreed to get on a waiting list for a treatment center which I did.

Selena offered insight into her thought process at the time. Fearing that she was going to have to do something shameful in order to continuing using, she decided that she needed a place to stay. But the only avenue that her parents would provide for her to return home was on the condition that she would get into treatment. Likewise, Parker described a dramatic cut-off from his family.

> Parker: My dad ended up driving up to Philadelphia that night, we had a stand-off at four am at the Hilton Hotel that ended with him crying and [Parker] screaming "Fine, take me to treatment, fuck you fuck you!" I woke up the next morning crying, devastated. I had nothing, no options. If I decided to leave I would be cut off from my family, I would have nothing. I would have to pay for college on my own, which ultimately my goal was to get back to college to feel like I had

> meaning again. And it just would have been terrible. And then my other option was just to completely concede and to give my will up to these people that I fucking hated.

Parker's experience is similar to many informants' experiences but particularly Selena's in one regard. For both informants, being cut-off and forced into treatment had the added effect of coercing them to surrender to the treatment process as well. And for nearly all of these informants, a family cut-off or ultimatum was a crucial facilitating factor in their recovery.

**Family Support**

While family cut-offs were frequently described as a facilitator of recovery, so too was family support. Prima facie, these findings appear contradictory; however, they are in fact paradoxically true. Indeed, family cut-offs were necessary for the majority of informants to initiate recovery and commit to their treatment plans, but family support was an important facilitator of recovery over the long term. Although the nature of particular family supports varied, the result was the same. Families offered emotional support, eased the burden of living independently, and helped informants to overcome practical barriers to recovery.

One informant described the manner in which his parents' support helped him to accept the slow process of reintegrating after treatment and restarting his life.

> TJ: One thing I've noticed is that I grew up in a very liberal home, in the context of it was very like do what you wanna do. You know I was never pushed into like church, even Christmas or Easter, any of that stuff. Like there was never any ideas in that way that I was pushed towards. It was very like you know if you wanna be a truck driver, be a truck driver. If you wanna be a doctor, be a doctor. You know it was a very loving and supporting family in that way that like there was not a whole lot of pressure. Other than what I came up with in my head about who it was that I needed to be or the person that I needed to be. So I would say that was very helpful going forward and kind of restarting this life, that it was easy for me to be like its ok that I'm twenty something and I work at a factory and I have no college education

TJ cited his parents' open-mindedness as an asset to his own recovery. He suggested that their posture toward him relieved the pressure of early recovery and allowed him the space to mature at his own pace. Moreover, he didn't feel that he had to live up to any particular standard to appease them. He attributed some of their compassionate attitude toward his addiction and recovery to efforts they made to educate themselves and to understand the nature of addiction.

> TJ: Yeah my parents are both kind of hands on and intelligent people so they kind of understood a little bit. And you know it runs in my family, my grandfather on my dad's side was alcoholic, my mom and her family there's a bunch of history with it. So they're fairly familiar with it. But when it got to that point they read up on it.

Ally described a similar experience:

> When I first started recovery, you know, they sort of cut me some slack without enabling me. And then, you know, they're always understanding if I need to like leave early from a family event to go do something that is beneficial to my recovery.

Ally explained that she, too, benefitted from her family's attitude toward her recovery. By finding ways to support her without enabling her addiction, Ally's family contributed positively to her recovery. Though she was many years sober at the time of the interview, Ally reported that she relapsed in early recovery. When asked about her family's response to her relapse, Ally became emotional.

> Ally: My family has responded very, (voice shakes and she begins to cry) you know I was terrified to tell them. And they continue to respond with love and grace and. They still celebrate my first sobriety date because to them it was like the day when my path to recovery really started. They never got upset and they were just like we love you and thank you for telling us and keep doing what you've got to do. I've just been like so blessed in that area.

More than once, Ally described that way her family's graciousness facilitated her recovery. Like TJ, Ally also reported that her family sought education and support for themselves as well.

> Ally: They sought help from my grandfather and they also went to another 12 step program for family members of people struggling with addiction. So, they did their best.

In fact, Ally suggested that her father took measures to try to empathize with Ally's struggle.

> Ally: I would definitely say that it did as far as doing their best not to enable me and trying to get an understanding of how I was feeling. My dad actually, he dipped for 25 years. And he actually stopped dipping to try to get an idea of what I was feeling and what I was going through.

Another informant described her parents' compassion and understanding.

> Selena: Having my family be supportive of me and nonjudgmental through the whole process. Even when I slip up or start making stupid mistakes, if I'm not doing it perfectly my family does not judge me, they continue to support me.

In fact, Selena described her parents as taking an active role in her recovery as well.

> Selena: For me I'm at an age where, for my parents, I'm the last one in the house (laughs) even though I'm not the youngest…But it's also cool that even though I know that's how they feel, they will encourage me to stay until I'm ready. It's been a very supportive environment living there. You know my stepdad drinks, but he doesn't ever get drunk…Recently when I was struggling my mom went immediately and gathered all of the alcohol and took it out of the house. They go out of their way to make sure they're not putting me in harm's way. It's an extremely supportive living environment.

Selena emphasized what a supportive living environment her parents fostered for her when she left treatment. Her parents took a much more active role in her recovery when they identified that Selena was having a hard time and acted on it by removing alcohol from her immediate environment.

However, not all of the informants in this study described the role of their families as unequivocally helpful. For some, negotiating new family dynamics was a difficult process.

> James: In the beginning, they didn't really know a lot about it and they didn't really know a sober [James] so they were acting like I was fucked up even when I was sober. So, that was hard to deal with at first, but that taught me a lot of patience. But today what it looks like is like they know the deal and the coolest thing is I can be there to help my family. Like I'm not looking for hand-outs and coddling and all that shit. Today I can look my mom in the eyes and tell her I love her and I can be there to help my family when they have problems.

James suggested that his parents lacked some understanding of what he was going through, which caused some friction relationally. Nevertheless, he seems to imply that they worked past it.

Ally also encountered some problems with her parents' lack of understanding. Although she confirmed what she had previously suggested, that her parents were supportive, Ally also described her discomfort with having to explain things about her recovery that her parents don't understand.

> Ally: Well, they're definitely supportive but for the most part they just let it be my business which I appreciate. I don't like it when they ask a lot of questions and I have to explain it and they just don't really understand everything. But they've been very supportive.

Jess described a slightly different experience with her family. While she felt that her family was supportive, she also indicated that her family was not altogether safe for her.

> Jess: Actually, they've been really supportive. Honestly. A lot of times I know they are really supportive and they really love me and I have to tell myself that. Because of lot of times, like, my family dynamic, I come from an alcoholic home. And my dad is in active addiction. So, I can go see him occasionally, but I have to be in the right mindset. Like, I have to go hit a meeting before.

Certainly, Jess shared a felt sense of support from her family. However, she also seemed to consider her family as somewhat precarious to her recovery insofar as she felt the need to attend a support group before visiting with her family. She went on to lament that her parents declined an offer to gain education and support for themselves.

> Jess: And, of course I suggested programs for them to attend like Al-Anon, but nobody goes. So, they still don't really understand it.

Like Jess, Kelly has a parent with an alcohol use disorder as well. However, she related a rather different experience to Jess's. Kelly described that she found her father to be supportive, even as he oscillated in and out of active alcoholism.

> Kelly: I would say that my dad has been super supportive of me. If it wasn't for him, you know, seeing how he could change his life. He was just, I don't know, he's like my everything. So, he's been super supportive. I don't know, he does the best he can, given the circumstances.

For one informant, in particular, a lack of family support left him feeling isolated and alone. Henry reported that his mother is actively addicted to heroin and currently homeless. As a result, he felt that he didn't receive the support that he desired.

> Henry: Yeah coming into my second year sober I was living in this house and working at that place and it got to the point where like, I was really happy at first, and then toward the end closing in on my second year of sobriety, right around 22 to 26 months of sobriety, I like had a lot of rough times. A lot of isolation, a lot of depression, a lot of grass is greener syndrome like thinking other people had it better. And I didn't have any monetary support from my family like a lot of people do our age. So, I would see friends getting their cars bought by their parents and seeing their prescriptions paid for and their glasses paid for and just the small things, their dentist paid for. And I was just on my own.

For Henry, the lack of family support was felt two-fold. Not only was he forced to bear the financial burdens of restarting his life without support, but consequently, he felt lonely and depressed.

Each of the informants described the importance of family support in one way or another. Some informants benefited from emotional support, financial support, and nonjudgmental interactions. Some felt their relationships strained by their parents' lack of understanding. And one lamented his utter lack of parental support.

**Challenges of "Adult-ing"**

Although it wasn't initially included in the interview schedule, questions about maturing into adulthood emerged quickly from the first interview. Informants referred to this as "adult-ing."The semi-structured interview allowed us to begin asking a question, using a term from the first informant, phrased "What has been difficult about "adult-ing" in recovery? Informants cited challenges that largely fell within two overarching sub-themes: Instability and identity.

**Instability.** A common thread throughout each interview was the challenge that informants faced upon returning from treatment and trying to reintegrate. Many of them suggested that managing the tasks and responsibilities of adulthood was a barrier to recovery. For some informants, adulthood was particularly difficult to navigate because they had come from a previously enmeshed family system.

> Selena: God, it's like real life and having to face it (laughs). It's like realizing I'm an adult and I have responsibilities and people are not gonna do shit for me. People are not gonna take care of me and I have to learn to be independent and to take care of myself. And that's terrifying. Because I, I am very codependent and I have people in my life who take care of me. Even in recovery.

Selena reported that navigating adulthood was especially challenging because she had previously relied so heavily on the support of others. Another informant had a similar experience.

> James: It's been a rough battle for real. Learning how to be an adult so quickly, because I was kind of thrown into this whole deal.

Selena and James described parallel experiences of feeling unprepared for adulthood. They reported feeling ill-equipped because they felt thrust into this next stage of their lives. For a number of participants, structure was described as an asset to their recovery. However, they typically referred specifically to the structure they received in treatment.

> Selena: It gave me structure and responsibility. Basically, just that, that, having that structure umm kind of taught me how to function like a normal person again
> Parker: So, there's been two big things that have contributed to my recovery today and one is the structure and intense foundation that was laid down when I returned to that same facility in Florida.

Although the structure was critically important while informants were in treatment, it had the unintended consequence of making reintegration more jarring. TJ articulated what the transition from treatment to "real life" was like.

> TJ: At first it was rough because like we went from like this incredibly structured environment and to now we have no structure whatsoever.

The lack of structure that TJ faced after leaving treatment, and more specifically the disparity between that lack of structure and the structured environment he recently left, created a challenge for him. He continued later on to suggest that it was difficult "just learning how to live outside of treatment." When asked what specifically was difficult about it, TJ described many of the normative tasks of emerging adulthood.

> TJ: So, it was just a lot of like simple life tasks that everyone seemed to be able to do normally that I had just never really done… Just like how to pay your bills on time, you know, how do you structure a budget. Like here's a paycheck, how do you, like. Balancing money, being responsible…Even like just paying bills in general you know because it was like, I'm moving to a new apartment and even this year and I've been sober for over 4 years now but this is the first place that I've lived in alone…I had never called an electric company to set up my own bill with the electric company, like I had never done all that. So I had to call someone to ask how do I do this? You know and even the rent stuff, I've always lived with someone and for whatever reason, not that I avoided it, but it was just someone else was responsible for the rent. It was just like who do I give my rent check to?

The challenges of adulthood that TJ described as "simple life tasks" were hard for informants to address. Many of the skills and responsibilities that, developmentally, people typically learn earlier in life had been neglected or deprioritized amidst active addiction. As a result, informants reported feeling behind their peers.

> TJ: And I know a lot of people have to learn to do all that stuff eventually at one point. But learning that a lot later on was challenging, you know. And humbling.

Selena agreed with TJ that she felt as though she was lagging behind where she should be in adulthood.

> Selena: But uh you know it makes me feel like it's not where I'm supposed to be. But that's probably pretty typical at any point in your recovery.

When asked for clarification, Selena continued to describe the tasks that she hadn't encountered yet, but that she feels she should have.

> Selena: I don't know like yeah I feel like you know I'm twenty-three and I feel like most people my age have already gone to school and lived in the dorms for a while or they've gotten a place with friends or whatever. They have their own place. I feel like they've all had experience living on their own. Whereas if I was older um, more than likely I would probably already have a house you know um

where if I messed up and I had to go to treatment I would have a place to go back home to. But I guess because of my age all I have to fall back on is my parents.

One informant also spoke of the instability of his living environment.

Henry: It's weird. It's never ended well really. I've moved probably 4 or 5 times in the last 6 years. For some reason, I never seem to get too lucky with the roommates I choose.

Since Henry was unable to be completely financially independent, he had to live with other people. But he described what an unstable situation it was.

Henry: And then when I moved here, I moved in with two other guys and that was like the most unstable place. One ended up relapsing like three weeks into moving in and the other guy ended up getting his girlfriend pregnant the first month we were there. So that was just a nightmare. That apartment was like every 6 months another guy would move in to replace someone else and I was just there the whole time, trying to keep the lease going. That ended rough.

In addition to housing problems, informants spoke at length about financial difficulties in recovery. Their worries and concerns relating to money pervaded the interviews.

Selena: I have a lot of debt and that's actually very overwhelming for me and that causes a lot of stress and um dealing with um bills and my debt that I've never faced. Even before I was using when I kind of had started to build up some debt, I was the kind of person who wanted to run from my problems. I did not want to deal with it. I did not face it. I would open them and throw them away or put them to the side. So actually having to face, be responsible, that's very difficult for me.

Informants described many of the barriers they faced in repairing the financial wreckage of their addictions. These barriers ranged from debt, to credit, to being financially irresponsible.

TJ: Yeah once I got out and realized that you know the majority of people at least have some line of credit to grow upon. Because I realized that sometimes no credit can be worse than bad credit. So that's been a process. And then I've messed some of my credit up even being sober and learning like you've got to pay these bills on time and like I kind of said that learning curve. I've messed my credit up even since being sober.

Henry shared a similar experience with making poor financial decisions, even in sobriety.

Henry: It was rough because I had never, I had lived on my own as a teenager because I pretty much moved out at 15. But I had never paid bills, I had never paid rent, I didn't know how to write a check. I didn't know how to anything.

> And I'm not one to ask for help ever so I mean I made a lot of mistakes along the way…I'll just hit speed bumps here and there as far as, I'm not very good at managing money. And I've had a lot of times where I've had to borrow money from friends or work my ass off seven days a week to get things paid. I've had a car [repossessed] sober, I've collected credit card debt sober, things like that…I made the poor decision in my opinion to go to college sober. And I took out huge loans. And then I also took out a loan with an ex-girlfriend who had cosigned with me, for some reason, I don't remember. I mean I was grateful for it but it sucks now. But I mean I've collected anywhere from 50 to 60 thousand dollars in debt, sober. And it has been one of the heaviest things that I've had to deal with sober.

Henry reported struggling with all three of the aforementioned: Debt, credit, and financial irresponsibility. It bears repeating his emphasis that "it has been one of the heaviest things I've had to deal with sober."

Kelly related a comical experience with financial difficulties that has levied a heavy burden on her as well. When asked if credit had ever presented a problem for her, Kelly replied emphatically.

> Kelly: Oh my God yes. Such bad credit. Only because, I didn't ever have credit cards, but I'm a big hypochondriac. And I would like shoot pills and start shaking or whatever and go to the emergency room. Or I remember when I first started withdrawing from pills I didn't know what was going on so I kept going to the doctor (laughs). Like full of sweat, I didn't understand. Like I was throwing up and my shirt would literally be soaked. (laughs).

Kelly, like so many of the other informants, made reference to financial difficulties that were direct residual effects from her addiction. Jess encountered financial barriers as well.

> Jess: I could probably, I know there's like a couple different avenues to fix your credit score, but I know I can't get a credit card and I can't get a loan. Like I was gonna try to get a loan to buy a house. And they're not having it. I'm gonna have to apply for, like, a really low base, high interest rate credit card and try to build it. And I can't go back to school either because my loans are in default, which I am working on fixing too. So, it's just kind of like a really big headache all the time about financial stuff. It's always hard.

Jess described a number of financial barriers. However, she also suggested that help from her family eased the burden considerably and allowed her to overcome some of those barriers.

> Jess: Like another thing that helped with getting my car was that my grandma co-signed. I never really had to ask for anything twice from my family.

When Jess was asked if she could have overcome these barriers on her own, she replied "I absolutely could not. I tried and they were like you're gonna have to buy here, pay here. And I was like I'm not doing that."

Multiple informants suggested that family support was an important factor in mitigating the stressors of emerging adulthood. They explained that their parents offered advice and even tangible financial help to overcome these financial barriers.

> TJ: And they've just been supportive, just in a different way. You know they did a little al-anon for a little bit. Really just like emotionally there for me you know. I mean life is still difficult. Getting into college and jobs and tax forms and stuff that I had never really done before. And really you know like having someone there for advice and to ask for help.

Kelly suggested that she needed the opportunity live at her father's house for a time because she too felt unprepared to be fully independent. She reported that "I think [living at home] was good just because I don't think I was ready to, like, live by myself yet." Selena agreed, "Well, I was fortunate enough to have a family that was willing, after I got out of treatment, to let me come live back at home."

In a different context, when asked about the experience of stigma, Selena reported that her mother was instrumental in getting her a job in early recovery. She said, "Um my mom worked there at the job I have now, she worked there. And she was going to her fellow employees, the other staff members, and asking people to pray for me and telling them about my situation. So, people were aware of my situation long before I came looking for a job."

Herein, two of the emerging themes interacted. Some informants suggested that family support was a critical factor in easing the abrupt transition into the stressors of adulthood.

**Identity.** Many of the informants described the ways in which they struggled with their identities as the transitioned from addiction to recovery. In particular, a number of informants related the difficulty they experienced in determining what their addiction meant about who they were as a person. They described the ways the mistakes they made in active addiction obscured their respective identities.

> Kelly: But girls, like, I think you lose your soul more when you're a girl. Like you have to do a lot more things that you just die a little on the inside each time you do those things.

Henry related a similar experience.

> Henry: Like when I was using and drinking I kind of thought I was this certain person who I am not. And I just wanted to portray that to other people. And when I got sober I kind of cleaned my slate and was confused, like who the hell am I? What do I want? What do I want to do with my life? And I eventually figured it out, you know, I did a lot of writing and a lot of thinking about like what I want in life and who I am. And I've come to the realization of who I am. And I'm okay with it. Of course, I'm not the greatest person on earth, I've done a lot of bad things to people. I've realized I'm an alcoholic, drug addict, I'm selfish as hell, I judge people. I have all sorts of different character defects but I'm okay with it as long as I don't act on them as much as I used to.

Henry struggled to find his identity early in sobriety. Other informants suggested that this is a particularly difficult task for emerging adults because of the social context in which they tend to find themselves.

James: But also, I live in a college town and everybody my age is getting fucked up right now. And it's hard to be 20 years old and not be a part of that life. So, there's not really much for people my age to do except hit meetings and stuff like that. Another thing that's hard is like the young teenage side of me and the adult, sane side of me battle a lot.

Although he was in recovery, James reported that part of him still identified with the life of the typical college student. Kelly also cited her age as a barrier to forming an identity.

> Kelly: Because where I got sober and I was 19, the longer I stay sober its like oh okay was I really that bad off? Am I really alcoholic? Did I just have a problem with drugs or can I drink?

Kelly reported that it was difficult to accept herself as a person with a substance use disorder because her problems with substances could have easily been attributed to her youth. For one informant, the trouble defining her identity and the nature of her problem came from her family as well.

> Jess: Um I know when I first told my mom, because I was like disappearing for an hour at a time, she was finally like "Where are you going?" And I told her finally that I was in recovery and I remember her and my stepdad was like "You're too young to be an addict. Like you'll outgrow this." And even sometimes my mom is like "Maybe you'll just be fine in a couple years." And I'm like "I don't really think it works that way, but maybe" (laughs).

Ally suggested that her difficulty accepting her substance use disorder contributed to a relapse in college.

> Ally: I really struggled with that a lot in college. I will say after college, and you know there was a relapse there as well. And I think that was partly because I wanted to be like everyone else and I wanted to be able to use normally or drink normally. And it is really difficult… because when you're 23 people are still going out to breweries or to the bars a lot or. I feel like at least the 40 year olds I've been around drink a lot less than the 23 year olds.

Informants describe a sense of instability and a lack of identity as primary challenges of recovery during emerging adulthood. They struggled creating a stable living environment, accomplishing "simple tasks" of adulthood, and making financial decisions. Furthermore, informants suggested that coming to accept the nature of their disorder as potentially a part of their identity was difficult given their age.

**Visible Role Models in Recovery**

Multiple informants reported that recovery role models were important because they were someone with whom informants could identify. These role models offered hope that informants could one day recover as they had. Kelly suggested that identifying with these role models gave her hope.

> Kelly: So when I saw these women who were young, who were my age, and they had 30 days, 6 months, a year sober, it like blew my fucking mind. I was like what is this, you know? And they were happy and they were laughing and they were pretty and they had jobs and they were just like getting their life together. And I knew right then that I had hope. You know what I mean? Like I could achieve something that I never thought was possible.

Kelly went on to report that her father's recovery provided her with a similar example of what could be.

> Kelly: I would say that my dad has been super supportive of me. If it wasn't for him, you know, seeing how he could change his life. He was just, I don't know, he's like my everything.

Seeing how the young women at her treatment center were "getting their life together" and "seeing how [her father] could change his life," imbued her with a sense of hope and possibility.

Another informant shared that his relationship with his sponsor afforded him a similar opportunity for identification with the potential for success.

> Parker: I was truly blessed with my sponsorship relationship. A man that I love and respect today. He had 11 years and he also lived in a halfway house that I lived in under Kevin 11 years before then when he was 20 years old. And he now worked in treatment, he was successful, had a corporate job, very peaceful guy. And he was cool, you know. Handsome, he had the car, the girlfriend, you know cool place. A lot to respect and a lot to want to emulate. And above all that he had great recovery and he kept it real.

Parker continued to explain the hope his sponsor offered him.

> Parker: But I did want what he had in that I believed that he and his friends, that they weren't miserable and that they didn't fuckin hate their lives. And that being sober everyday wasn't living in an eternal torturous hell that I thought it was gonna be. And I couldn't imagine how that was possible. I couldn't imagine that ever happening to me. But I listened to enough people at enough meetings that I decided that this was gonna be part of my spiritual faith. You know I couldn't follow Jesus (laughs). So this was part of my faith. This was acts of faith, believing that they had found a solution and that they had once believed that there was no option. And somehow they've learned to live with it without drinking.

Parker suggested that identifying with his sponsor and believing that he too could one day enjoy that kind of contentment required an act of faith. He had to believe that his sponsor had found a solution and that the same was possible for him as well.

Henry described the same aspirations when he reported that he wanted "to be these people I see driving around in a car they can afford. They work a job. They're happy. They do things and they're not just living off other people." And for another informant, seeing others in recovery helped her to realize that same dream.

> Jess: But really I've seen a lot of people stay sober. And what's helped me is pretty much if I'm going through something, I can walk into a room full of people that have the same problem as me and just be like "How did you do it?" Because there's always gonna be someone who went through the exact same thing and they stayed sober through it. If they can, I can. Basically.

Each of these informants reported that identifying with a person in long term recovery gave them the hope that they needed.

**Social Support**

Perhaps the most robust finding in terms of sheer data generated fell under the domain of social support. Although family support falls within the purview of social support in the concept of recovery capital, the informants described social support and family support in distinct ways, which led to the separation of the two themes. Informants described myriad ways in which social support facilitated their recovery. Much like Jess in the previous example, many informants spoke to the value of experiencing recovery with others. When asked about social support, one informant emphasized that "you can't do it alone."

> Selena: They really have got me through hard times. Um being able to go to someone who has been, not just somebody who, ya know, was an addict and is now in long term recovery, a person in long term recovery. It's more than just the drinking and the using and the getting clean that we have in common. It's everything you go through in early sobriety; they have been through. They,

knowing someone who has been through exactly what you've been through. Having someone who can tell you I went through this and this is how I got through it. Man, support is big. Big, big, big. Really big deal. Um I don't know, I don't know how to put into words why it's such a big deal, besides, you know, you can't do it alone.

Ally agreed about "just being around people who suffer from the same thing. You don't feel alone and they're relatable. And they're going through the same things. And they understand where your head is at." She continued to talk about how social support prevents her from isolating or feeling alone.

Ally: Yeah I mean being social is so critically important to me and I feel like it is important to other people's recovery because I have to force myself to be social. I like to isolate. I like to be at home. And getting to be around people that suffer from the same problem. And we don't just like sit there and talk about it. Like we have lots of other things to talk about and we have fun. It's very important to me.

Kelly also suggested that social support was critical. When asked what helped her when she got out of treatment, Kelly emphasized the role of her peers.

Kelly: When I got out of treatment? I went to as many meetings a day as I could. I kept working with my sponsor. The people who I went to treatment with, the people who had already graduated that program and had like a year or two sober, they like took me under their wing. They pretty much babysat me for the first year. I hung out with them and I built relationships with people who were sober. Like, that was the most essential thing in the first year was building those relationships and having sober people to hang out with because of course I was like doing my step work and trying to build a relationship with God and change the person I was, but all that stuff didn't click until I was like three years sober. So, building relationships with people who were sober too was the most important thing.

She continued.

Kelly: That seriously helped me because I see people who are super shy and reserved and it's really a struggle for them. And like I said, it was essential for me to make sober friends…yeah, like when people will say, like, stick with the winners. I feel like that is exactly what they mean.

Some informants spoke of the particular importance of relationships with young people in recovery.

Parker: But I think that one of the big things that does contribute to a big difference is that young people's groups are really powerful for me. I feel like I'm part of a unique and special thing. I'm part of a powerful thing where a

bunch of young people figured out how to get their lives together. And I think that's pretty cool on this side.

Another informant shared a similar belief that relationships with young people in recovery were "pivotal."

Ally: The best thing that I have found is really taking advantage of other people your age in recovery. Or even older people. And even people who may not dress like you or weren't raised like you or whatever because once I really chose to harness that and take advantage of that and be included in that, that has been a pivotal point for my sobriety.

When asked about the impact of social support, one participant reported that it didn't matter their age, as long as they could identify with her experience. She agreed that it was helpful having "someone to genuinely hold me accountable and regular support in the rooms [of AA]. Other women and guys my age, or even not my age, just people I can count on and rely on to call who will just answer and say 'You're going through a tough time. Let's talk about it. Let's meet up if you're worried about drinking. Let's get together and talk it out.' So, people who understand. People who have been where I've been."

Some informants even suggested that social support provided a barrier from potential relapse. When I asked Henry why he thinks he managed to prevent a relapse, he reported that the social environment at home and at work were crucial factors.

Henry: If it wasn't for the situations I was in, I probably would have done it. If I was living alone and not working at a rehab I probably would have done it. Those were like the crucial things that stopped me.

Selena shared a similar experience, suggesting that if she didn't have that crucial element of social support, "that could have ended up really bad."

In fact, one informant reported that her failure to engage sober social support contributed to a relapse. Ally said "I failed to take advantage of other people who were in recovery. And that eventually caught up with me."

For the informants in this study, social support facilitated their recovery by offering emotional support from someone who could empathize and creating a barrier to relapse.

**Spirituality**

Another theme that emerged from the data relates to the experience of spirituality. It should be noted that informants were explicitly asked what role spirituality played in their recovery. Nevertheless, informants spoke at length about the ways in which spirituality facilitated their recovery.

Many informants suggested that a spiritual dimension was paramount to their recovery. For instance, when asked what was the single most important aspect of his recovery, one informant answered unequivocally.

> James: Oh, no question. A relationship with a higher power. For sure. That's it. Bar none.
> Another informant spoke of the importance of seeking a spiritual experience.
>
> Kelly: I think it's a daily struggle for me to try to get out of myself because one of my biggest problems is just how selfish I can be and how I can obsess about what's going on in my life. So it's really important that I try to do everything I can on a daily basis to get outside of myself. So helping others is really big. The most [important] thing that I do is like sit quietly and pray really.
> Kelly went on to describe what spirituality looks like to her.
>
> Kelly: I think it's the most important because like I said earlier I'm just so intertwined with myself that spirituality has helped me like be just one within myself. What it looks like to me is just praying even though sometimes I don't know what I'm praying to. I think about what it says in the [AA text] when it talks about the Great Reality. That's kind of how I think about God in my life, because when I was using I was so far from the fucking truth, like in every aspect of my life. I could not grasp reality at all. So I think about now when I'm close to God, I'm in the reality of things. I'm not delusional at all. Like I'm one with myself, I'm one with God. I think that like I said praying in the mornings, meditating, making my bed in the morning is spiritual to me… I'm serious when I like pray and meditate and I'm cleaning and I shower and get ready and stuff I feel like I am set for the day. Me and God are like, tight.

When pressed to explain how or why spirituality facilitates recovery, Kelly suggested that it has something to do with "getting outside of myself" and combatting selfishness.

> Kelly: Because I think that that has allowed me to like to just be outside of myself and I think when I do that I am not obsessing about what I have going on. And I'm able to be there for others and like think about what's going on with them. And like praying for them and asking God how I can be useful to other people. And I guess that's how I stay sober.

James, the informant who had suggested that the most important aspect of his recovery was a relationship with a higher power, "bar none," went on to relate a spiritual experience.

> James: Yeah I was sober for about a year before this happened. And I was at the Hilton House and I'd been going through a lot of shit with my ex-girlfriend and family. I just got kicked out of the Shepherd's house so I'm coming into a new place for like the third time. And I just had this overwhelming, I just broke down and started crying in the bathroom, you know? I was just like I can't do this anymore. I finally just broke down and asked God to help me. I didn't want to feel like this. I couldn't do this shit on my own anymore. From then, everything has gotten completely different.

James' described his spiritual experience as a turning point in his recovery after which "everything has gotten completely different." Still, I wanted to better understand the how or the why of spirituality, so I pushed informants for clarification.

> TJ: I'll clarify as well it's not any type of organized religion like I guess I like to say I have some different beliefs about that kind of stuff. I'm into meditation, I'm into really just like quiet time and finding time to be still. I find that a lot in music, I find that a lot in days like today for the most part. Like the only way I can describe it is like not being obsessed with yesterday or tomorrow and finding at least a moment of the day where I can be still or be present, you know? And not necessarily like any figure associated with that, the best I can tell there are certain principles that that moment of quiet is easier to find if there's certain principles I'm living by. Honesty and integrity and discipline and commitment and those kinds of things. And if I'm not doing those principles then that quiet time becomes shorter and shorter.

Jess also described the importance of spirituality and what it looks like in her recovery.

> Jess: Honestly, my higher power is probably the most important, I guess…Even if I'm all alone, or seemingly all alone, I can still hit my knees and be like help…AA has this concept of a God of your own understanding, which I really

> struggled with. I had to read the chapter We Agnostics like ten times in the beginning because I just didn't understand it. Basically, I came to this point where I was looking at this God of my understanding, like those words, and I was like "But I don't understand it." And I was meeting with my sponsor that night and I was like "I just don't think this is for me." And she was like "Well, that's not really what it means. It's just, like, your own conception of God. You don't really have to understand it." She was like "I don't." She was basically like "Just give it to the cosmos. I don't have to understand it. Like, it's gotten me this far." It's basically gotten to the point where I don't really pray to anything in particular. But it's evolved to this point where I have this really strong connection with nature and the universe and, like, science based stuff or, like, tangible stuff. Like trees and wind. But I had a lot of Buddhist stuff and witchcraft stuff. And it's just a mixture of things. Meditation is a big part of it. Like sitting quietly and a big part of it is just not thinking about myself. Because I am so selfish. But I know I pray when I think about it. I don't want to lie and say I pray every day. It kind of comes and it goes, the praying and meditating, but I'll always notice when I'm not. I'll be like "Wow, it's been a couple days. That's probably why I'm just running on self right now and tornado-ing through everyone's life. So basically, now anytime I have doubts, I think about the fact that I'm sober, whether or not that has anything to do with a higher power. Like, there has to be something that got me sober because I couldn't do it on my own power. So I know whatever got me sober can get me through this.

TJ and Jess were not alone in suggesting that this spirituality produced a peace and a presence that was noticeable when absent.

> Selena: The longer I have sober the more, I hope, I feel like, I rely on God and realize that I, you know when I talked about having support, human being support (laughs) and saying you can't do it alone, that's how I feel about spirituality. For me God is, I can't do it alone. When I try to do things my way, it always gets fucked up. And when I do my best, which I can never do perfectly, but when I do my best to follow what I believe is God's will for me, um, I have a lot more peace. Um when I try to take control of how I'm feeling, which is what I did when I was using when I was drinking, that's why I drank and I used because I wanted to change the way I felt, um so doing that sober trying to change the way I feel, it gets worse. The way I feel gets worse. When I turn it over to God, the few and far between times that I can, like I said I get peace. So spirituality has played a big role, a fairly big role in my sobriety in my recovery.

Similarly, when asked what spirituality means to him, Parker also spoke of a peaceful fulfillment.

> Parker: To me that means that for some reason I always needed a spiritual solution and I never realized it. I think that I am far more emotionally and I guess spiritually sensitive to what I do and what I say than I ever realized. And the accumulation of selfish action, primarily the accumulation of action taken out of

fear, creates a lot of pain. And in some sense, it makes the void even worse. You know what everyone talks about trying to fill. And so, to me it's been about trying to fill that void with a spiritual solution. You know, trying to seek out fulfillment rather than gratification.

Another informant described spirituality as a form of inoculation against his disease.

TJ: And if I'm doing these things then I'm in a position where I'm gonna be ok and I have that confidence. And if I'm not doing those things then my experience tells me that, you know, I'm moving in the wrong direction and odds are it's a matter of time, you know what I mean, before something happens I guess. It's almost like taking my medicine, but spiritually, you know what I mean?"

## Discussion

The conceptual framework of recovery capital and the results from this study suggest that recovery from substance use disorders is a complex process that far transcends simple abstinence. This process is particularly complex for emerging adults who are struggling to find stability, independence, and a sense of identity. Overwhelmingly, informants in this study described contentment as the essential experience of long term recovery. However, they also described a number of barriers and facilitators related to recovery capital and emerging adulthood that allowed them to access this experience.

Indeed, instability marks the life cycle phase of emerging adulthood. Moreover, the results from this study would suggest that emerging adults who are in recovery experience an even greater sense of instability. This instability presents in a variety of contexts: Living environment, finances, independence, and otherwise adult-ing. Emerging adults face difficulties in leaving the structure of treatment centers and trying to reintegrate into society, while also trying to establish their independence. For some, this means moving frequently. This kind of residential mobility could bring about a number of barriers to recovery. It may mean that individuals are forced to live with

others in early recovery, thereby exposing them to the potential of a roommate's relapse. It could also mean transient living as individuals are forced to sleep on couches, in homeless shelters, and in halfway houses because they are unable to afford a stable living environment by themselves. For others, this means living at home with parents for extended periods of time. Housing options are limited for emerging adults in recovery because they typically have limited funds and poor credit. As a result, emerging adults find it difficult to establish a stable living environment. And, since research indicates that a stable living environment is a correlate of better outcomes for people with SUDs, we can see the ways in which this instability may negatively affect their recovery.

Furthermore, this phase of the life cycle is replete with financial problems for people in recovery. These financial challenges can present in two primary ways. Firstly, these financial problems can be ramifications that result from addiction. Emerging adults in addiction may accrue debt, poor credit, depleted bank accounts, and criminal records, all of which conspire to create barriers to returning to school, establishing a stable residence, and acquiring adequate transportation. Secondly, these financial problems can be an inevitable part of navigating emerging adulthood. Emerging adults may feel ill-equipped to bear the burden of financial independence. This is the reality for many of those in recovery who may not have learned the skills necessary for financial independence because that task could not be accomplished during active addiction. These financial problems, as well as the lack of necessary skills to address them, create stress that may be detrimental to recovery.

This sense of being ill-equipped to handle the pressures of adulthood is not limited to finances. Emerging adults in recovery suggest that they feel unprepared to

handle everyday life as an adult. Many of the seemingly menial, day-to-day tasks of adulthood that, developmentally speaking, peers may have already mastered, young people in recovery may be lagging behind. The challenges of paying bills, enrolling in college, or preparing taxes are overwhelming for emerging adults who do not feel adequately prepared for adulthood. The difficulty managing tasks of adulthood may be particularly difficult for those individuals who come from enmeshed family systems. The transition from an enmeshed family dynamic to a family cut-off to recovery and independence can be a jarring experience. This abrupt change from co-dependence to independence exacerbates the already expected turbulence of emerging adulthood. The felt sense of being "in-between" that Arnett's research has described appears to be an apt description of emerging adults who are in recovery as well. No longer adolescents, given their life experience, but not yet adults, given their lack of preparation, emerging adults are stuck in the liminality that is to be expected of this life cycle phase. Consequently, they struggle to establish an identity. Although Arnett posits that identity formation is a normative task of emerging adulthood, it is complicated for those in recovery who spent formative years of their lives in active addiction. These individuals emerge from adolescence, and from addiction, unsure of who they are or how they fit into the world around them, which further complicates the recovery process.

The role of the family for emerging adults in recovery can hardly be overstated. Families play two vastly different, yet equally important roles in facilitating their loved one's recovery. First, families who establish a cut-off with regard to their loved one's addiction can initiate the recovery process. For the informants in this study, this cut-off tended to arise in the form of an ultimatum: Either go to treatment or you are on your

own. Facing the prospects of homelessness may promote an important turning point, an epiphany that one's addiction has become unmanageable. Family cut-offs seem to diminish individual's resistance to entering recovery, as the prospects of treatment tend to outweigh the prospects of homelessness. Upon leaving treatment, however, families play an equally important role in supporting their loved ones. Certainly, emotional support accounts for a substantial portion of what we mean be support. Families attitudes toward their loved one's addiction are important. When families educated themselves about the nature of addiction and took a more tolerant and forgiving attitude, individuals may feel they have the support they need from their families. But this support also includes assistance through emerging adulthood. Given the financial burdens and the tasks of adulthood discussed above, emerging adults in recovery require additional support to navigate this phase of their lives. Families can facilitate their loved one's recovery by tempering financial burdens, easing the transition to adulthood, and providing much needed guidance on how to perform the tasks expected of an adult. The pairing of a family cut-off with family support later in recovery can seem to be in direct contradiction. Nevertheless, it seems paradoxically true that families play an important role in facilitating recovery both by initiating the process and providing support. In short, families can facilitate recovery by making it as difficult as possible for loved one's to continue living in their addiction and as easy as possible to enter and maintain recovery. They ways to enable their loved one's recovery rather than to enable their loved one's addiction.

Social support, apart from family support, is also an important facilitator of recovery for emerging adults. Upon leaving treatment, many individuals face the

challenge of integrating into new, sober social networks and leaving behind friends who are in active addiction or simply continuing to use. Moreover, being around people who have suffered as they have, and recovered, gave young people in recovery a felt sense of support. Informants in this study described the experience being with others in recovery as a sort of collective effervescence, a shared emotional experience that is deeply felt. Furthermore, the theoretical frameworks and the results of this study suggest that a robust social network of people in recovery, especially other young people in recovery, can be a barrier to relapse. Social support from other young people helped individuals remain accountable to others and engaged in their respective recovery programs.

While social support was, generally speaking, an expected finding predicted by recovery capital, the value of role models in recovery was not. Unexpectedly, many informants in this study spoke to the importance of having visible role models in recovery. Informants described the ways in which they were able to identify with these role models. For perhaps the first time in their recovery, the experience of identifying with these role models enabled informants to realize the potential for their own success in recovery and in the greater scheme of life. Visible role models offer hope to individuals who are unhappy in early recovery, struggling with their identity as a person with a SUD and as an emerging adult, and who are finding it difficult to commit to a recovery program. These recovery role models demonstrate the possibility that exists in recovery and thus bring hope to others.

Experiences of spirituality also promote the recovery process. Conceptually, they fall within the bounds of human recovery capital as an internal resource that can be marshalled to facilitate recovery. Spirituality allows young people in recovery "to get

outside themselves," an experience that informants describe as vital to their recovery. Shedding some self-centeredness and expanding awareness are important consequences of spirituality for emerging adults who, Arnett suggests, are experiencing a period of self-focus. For others, spirituality contributes to a turning point whereupon individuals are able to fully engage in their recovery programs. Most often, however, it is what spirituality produces that is so important to people in recovery. The vast majority of informants in this study reported that spirituality produced in them a sense of contentment that is an asset to their recovery. The experience of contentment pervades the lives of many people in recovery who have found ways to counteract some of the dis-ease that contributed to their addictions. How exactly contentment may look in the lives of young people in recovery varies. Nevertheless, informants in this study described that contentment acts as a barrier against relapse because it fills the proverbial void that was previously satisfied by drugs and alcohol. When discontented, people in recovery may seek other ways to change how they feel. For some, this may arise in the form of other externalizing behaviors such as smoking, gambling, overeating, etc. Thus, contentment serves both as a facilitated to recovery and a barrier to relapse.

Given the way that experiences of contentment pervaded informants' responses, and given the deference with which informants treated experiences of contentment, it seems that contentment is the essential experience of recovery. It could be argued that all of the other barriers and facilitators of recovery, all of the constituent components of recovery capital, are resources that contribute to the central experience of contentment for emerging adults.

## Conclusion

In 2015, 20.8 million Americans met the diagnostic criteria for a SUD (Center for Behavioral Health Statistics and Quality, 2016). In 2014, 47,055 people died from drug overdoses in the United States (Rudd et al., 2016). These statistics suggest that America has a drug problem. Nevertheless, there are roughly 25 million Americans in recovery from SUDs and approximately 50% of those who once met the diagnostic criteria achieve remission (White, 2012). This study explored these individuals, specifically emerging adults, who achieved long term recovery to understand what facilitated, and impeded, their recovery.

Building upon existing research, this study found that emerging adults face challenges that may differ from their adult and adolescent counterparts. As emerging adults in recovery navigate the age of feeling "in-between," as they struggle to find stability and an identity, they encounter age specific challenges to recovery. Instability in terms of living environments and finances render emerging adults with less recovery capital than we would expect of older adults. Moreover, their subjective lack of confidence in their ability to fulfill the responsibilities of adulthood creates additional stressors for recovering individuals in this phase of the life cycle. Thus, the role of the family may be more important to provide emerging adults with the support and guidance they need to successfully navigate their maturation. Although they may have required a family cut-off or ultimatum to initiate their recovery, sustained recovery for emerging adults necessitates continued family support following treatment.

**Implications for Clinicians and Future Research**

These findings may inform clinicians of some useful focal points for working with individuals and families with SUDs. Firstly, given the paradoxical role of the family

explored above, clinicians may coach families to promote a boundary that is the impetus for a loved one to enter treatment, followed by immense family support during the sustained recovery process. However, clinicians should be wary of proscribing a family cut-off, especially given the conflicting findings in existing research. Clinicians and lay persons alike would be well suited to follow the old twelve-step adage of sharing experience, strength, and hope, rather than proscribing any singular approach to recovery. This suggestion is substantiated within emergent theme "the meaning of recovery" whereupon informants reported that there are a great many paths to recovery. Nevertheless, the findings from this study admonish family members and clinicians to find ways to enable individuals to recover rather than enabling them to continue using. This paradox of family support facilitating recovery after a family cut-off requires further exploration.

Second, clinicians trained in family systems may be interested in one finding in particular. More than one informant in this study suggested that being an emerging adult in recovery and experiencing a seemingly abrupt transition to the obligations of adulthood was a jarring experience that was further exacerbated because they originated from an enmeshed family system. Clinicians working with families who have loved ones with SUDs may need to help them with changing boundaries. Moreover, easing the process of these evolving boundaries may relieve some of the shock of the newfound responsibilities for emerging adults in recovery. Acclimating emerging adults to adult responsibilities, or at least supporting them through the process, may relieve unnecessary stressors thereby promoting their recovery. Further research is needed with regard to

enmeshed families and emerging adults in order to better understand the impact of changing roles while in recovery.

Third, given the frequency with which informants in this study spoke of the impact of financial stressors in recovery, it would seem that financial services offered to emerging adults may aid their transition from treatment to reintegration, from adolescence to adulthood, and from addiction to recovery. Financial education programs aimed specifically at emerging adults could help them address the challenges of budgeting, filing taxes, and financing their education.

Fourth, it is imperative to remind readers that the informants in this sample were exclusively white and came from overwhelmingly privileged backgrounds. The majority came from middle to upper-middle class homes. As a result, the construct of recovery capital would suggest that they necessarily benefit from greater access to recovery resources. Consequently, the results of this study are hardly generalizable to the recovering population at large. Instead, they speak in depth to the experiences of a homogenous group of white, middle to upper SES emerging adults. Further research will be helpful to better understand the recovery capital of emerging adults with differing social locations. Nevertheless, that each of these informants came from relatively privileged backgrounds speaks to the fact that substance use disorders are not confined to inner cities, to minorities, or to any specific demographic. Addiction transcends all sociodemographic boundaries, although it is likely experienced differently by those who do not share as much recovery capital as the informants in this study.

Lastly, findings from this study suggest the value of emerging adults having visible role models in recovery. Given that identity formation is one of the primary

developmental tasks of this phase, and given that informants in this study spoke to the added difficulty of establishing an identity in recovery, visible role models in recovery seem to provide an important opportunity for hope and for identification with the potential for future success. Future research is needed to understand the impact of visible role models in recovery and, more specifically, in what capacity these role models should interact with individuals in recovery.

## Appendix A

## Interview Schedule

1. What does "recovery" mean to you?
2. What is the single most important aspect of your recovery? Was there a crucial factor or a defining moment?
3. Tell me about how you got into recovery.
4. Tell me about what made recovery possible for you. What helped?
    i. What role did your family play in your recovery? Did they educate themselves about addiction or participate in treatment?
    ii. What role did basic necessities such as housing or finances play in your recovery?
    iii. What was it about you, personally, that enabled you to enter recovery? For instance, would you attribute any of it to your education, your problem solving skills, or your spirituality?
5. Tell me about what made recovery difficult for you. What were the barriers?
    i. Have you experienced stigma related to being in recovery from addiction? If so, what was that like?
    ii. What, if any, practical barriers to you face in recovery such as transportation, criminal record, bad credit, etc.?
6. Tell me about how you have been able to maintain long term recovery.
    i. What role have social relationships played in the maintenance of your recovery?

ii. What role have sober leisure activities played in the maintenance of your recovery?

iii. What about the nature of your home setting? How has it impacted your recovery?

iv. Tell me about romantic relationships in recovery. Did you find partners to be supportive? How would you describe their impact?

7. What role, if any, did spirituality play in your recovery?
8. Is there anything else you wished I would have asked that I did not?

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